For office use only:
☐ Processing Fee Paid
☐ License Fee Paid

FORM CG-4 Rev. 2/02

COMMONWEALTH OF KENTUCKY PUBLIC PROTECTION AND REGULATION CABINET DEPARTMENT OF CHARITABLE GAMING

Application for License to Operate a CHARITABLE GAMING FACILITY In the Commonwealth of Kentucky

1.	TYPE OF LICENSE SOUGHT: NEW RENEWAL - LICENSE NUMBER
2.	NAME OF APPLICANT:
3a.	IS APPLICANT ORGANIZED AS: CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP OTHER
3b.	IF "OTHER", EXPLAIN IN DETAIL:
3c. 4. 5a.	APPLICANT'S FEDERAL EMPLOYER TAX IDENTIFICATION NUMBER: NAME OF FACILITY, IF DIFFERENT FROM NAME OF APPLICANT: MAILING ADDRESS OF APPLICANT:
5b.	
	IF APPLICABLE, TELEPHONE: ()
6.	COUNTY IN WHICH FACILITY IS LOCATED:

NOTE: Pursuant to KRS 238.530(3) no owner, officer, employee, or an immediate family member of an owner, officer, or employee of a facility shall be eligible for licensure as a distributor or manufacturer.

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NATIONAL CRIMINAL HISTORY BACKGROUND CHECK, AND FINGERPRINTING WILL BE REQUIRED. ADDITIONAL INFORMATION WILL BE FORWARDED TO YOU RELATING TO THE PROCEDURES FOR THE BACKGROUND CHECKS. FULL NAME: FULL NAME:____ HOME STREET ADDRESS:_____ HOME STREET ADDRESS:_____ HOME TELEPHONE: (___) HOME TELEPHONE: (___) WORK TELEPHONE: (___) WORKTELEPHONE: (___) CHIEF EXECUTIVE OFFICER'S TITLE: CHIEF FINANCIAL OFFICER'S TITLE: DATE OF BIRTH:
SOCIAL SECURITY NUMBER: DATE OF BIRTH: _ SOCIAL SECURITY NUMBER: THE FOLLOWING INFORMATION IS REQUIRED FOR EACH EMPLOYEE OR 8c. CONTRACTEE OF APPLICANT WHICH MANAGES THE FACILITY OR PROVIDES OTHER AUTHORIZED SERVICES, INCLUDING SECURITY, CONCESSIONS, JANITORIAL SERVICES, ETC.: FULL NAME:_____ FULL NAME:____ HOME STREET ADDRESS:____ HOME STREET ADDRESS: HOME TELEPHONE: (___)
WORK TELEPHONE: (___)
DATE OF BIRTH: ____
SOCIAL SECURITY NUMBER: HOME TELEPHONE: (___)
WORK TELEPHONE: (___)
DATE OF BIRTH: ____
SOCIAL SECURITY NUMBER: MARK ONE: MARK ONE: ☐ EMPLOYEE OR ☐ CONTRACTEE □ EMPLOYEE OR □ CONTRACTEE PLEASE PROVIDE JOB TITLE OR PLEASE PROVIDE JOB TITLE OR POSITION HELD AND DESCRIBE POSITION HELD AND DESCRIBE REGULAR JOB DUTIES: _____ REGULAR JOB DUTIES:_____

IF APPLICANT IS <u>NOT</u> A CORPORATION, THE FOLLOWING INFORMATION IS REQUIRED FOR THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER OF THE APPLICANT. **NOTE: THESE OFFICERS SHALL BE SUBJECT TO A STATE**

8b.

FULL NAME:	FULL NAME:
HOME STREET ADDRESS:	HOME STREET ADDRESS:
HOME TELEPHONE: ()	HOME TELEPHONE: ()
	WORK TELEPHONE:()_
DATE OF BIRTH:	DATE OF BIRTH:
SOCIAL SECURITY NUMBER:	SOCIAL SECURITY NUMBER:
MARK ONE: □ EMPLOYEE OR □ CONTRACTEE	MARK ONE: □ EMPLOYEE OR □ CONTRACTEE
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(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

10a. **ATTACH** A COPY OF A BLANK STANDARD LEASE AGREEMENT USED BETWEEN APPLICANT AND CHARITABLE ORGANIZATION.

Please read KRS 238.555(4) to ensure your lease meets the requirements of this statute.

THE	FOLLOWING INFORMATION IS DECLIBED FOR FACIL CITY
	FOLLOWING INFORMATION IS REQUIRED FOR EACH CHAINZATION TO WHICH YOU CURRENTLY LEASE SPACE:
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CHARI	TABLE ORGANIZATION:
	ENCY OF USE:
HOURS	OF USE:
RATE	CHARGED:
SERVI	CES PROVIDED BY FACILITY (CONCESSIONS, JANITORIAL
	CE, ETC.):
	,
EXPIRA	ATION DATE OF CURRENT LEASE:
CHARI	TABLE ORGANIZATION:
	ENCY OF USE:
HOURS	OF USE:
D	CHARGED:
RATE	CES PROVIDED BY FACILITY (CONCESSIONS, JANITORIAL
SERVIO	
SERVI	CE, ETC.):

CHARITABLE ORGANIZATION:
FREQUENCY OF USE:
HOURS OF USE:
RATE CHARGED:
SERVICES PROVIDED BY FACILITY (CONCESSIONS, JANITORIAL
SERVICE, ETC.):
EXPIRATION DATE OF CURRENT LEASE:
CHARITABLE ORGANIZATION:
FREQUENCY OF USE:
HOURS OF USE:
RATE CHARGED:
SERVICES PROVIDED BY FACILITY (CONCESSIONS, JANITORIAL
SERVICE, ETC.):
EXPIRATION DATE OF CURRENT LEASE:
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CHARITABLE ORGANIZATION:
FREQUENCY OF USE:
HOURS OF USE:
RATE CHARGED: SERVICES PROVIDED BY FACILITY (CONCESSIONS, JANITORIAL
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SERVICE, ETC.):
-
EXPIRATION DATE OF CURRENT LEASE:

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

12. **ATTACH** COPIES OF EACH SIGNED LEASE AGREEMENT DESCRIBED IN QUESTION #11 ABOVE.

13.	AFFII	S ANY OFFICER, EMPLOYEE, OR CONTRACTEE OF THE APPLICANT OR AN LIATE OR ANY MEMBER OF THE IMMEDIATE FAMILY OF ANY OFFICER LOYEE, OR CONTRACTEE OF THE APPLICANT OR AN AFFILIATE:
	A.	MANAGING OR OTHERWISE INVOLVED IN THE CONDUCT OF THE CHARITABLE GAMING?
		☐ YES or ☐ NO
	B.	PROVIDING BOOKKEEPING OR ACCOUNTING SERVICES RELATED TO THE CONDUCT OF CHARITABLE GAMING?
		☐ YES or ☐ NO
	C.	HANDLING ANY MONEYS GENERATED IN THE CONDUCT OF
		CHARITABLE GAMING? ☐ YES or ☐ NO
	D.	ADVISING A LICENSED CHARITABLE ORGANIZATION ON THE EXPENDITURE OF NET RECEIPTS FROM THE CHARITABLE GAMING?
		☐ YES or ☐ NO
	E.	PROVIDING TRANSPORTATION SERVICES IN ANY MANNER TO PATRONS OF A CHARITABLE GAMING ACTIVITY?
		☐ YES or ☐ NO
	F.	PROVIDING ADVERTISEMENT OR MARKETING SERVICES IN ANY MANNER TO A LICENSED CHARITABLE ORGANIZATION?
		☐ YES or ☐ NO
	G.	PROVIDING PERSONNEL OR VOLUNTEERS IN ANY MANNER?
		☐ YES or ☐ NO
	IF "Y	ES" TO ANY OF THE ABOVE, EXPLAIN:
 14a.	HOW	LONG HAVE YOU OPERATED THIS FACILITY?
14b.		OU OWN THE FACILITY YOU ARE LEASING TO CHARITABLE ORGANIZATIONS?
	201	
		☐ YES or ☐ NO

IF "NO", PLEASE ATTACH A COPY OF THE LEASE AGREEMENT BETWEEN APPLICANT AND APPLICANT'S LESSOR AND STATE BELOW WHO OWNS THE PROPERTY WHERE THE CHARITABLE GAMING ACTIVITIES WILL BE CONDUCTED.

	TELEPHONE: ()_	
	OU BEEN LICENSED OR PERMY IN ANY OTHER STATES OR T	IITTED TO OPERATE A CHARITABLE GAM ERRITORIES?
		YES or □ NO
		RRITORY, SPECIFY THE DATE OF LICENSU IF APPLICABLE), AND THE TYPE OF LICEN
STATE/TE	FRRITORY:	_ STATE/TERRITORY:
DATE OF	LICENSURE:	DATE OF LICENSURE:
LICENSE	OR PERMIT NUMBER:	LICENSE OR PERMIT NUMBER:
TYPE OF	LICENSE ISSUED:	TYPE OF LICENSE ISSUED:
	(ATTACH ADDITIONAL	# SHEETS, IF NECESSARY)
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IF "YES", I	E APPLICANT HAD ANY DISTORY AUTHORITIES IN THE CO	CIPLINARY ACTION TAKEN BY ANY OTION MONWEALTH OF KENTUCKY? YES or NO TUMSTANCES: CIPLINARY ACTION TAKEN BY REGULATOR
IF "YES", I	E APPLICANT HAD ANY DISTORY AUTHORITIES IN THE CO EXPLAIN IN DETAIL THE CIRC E APPLICANT HAD ANY DISC ITIES IN ANY OTHER STATES OF	CIPLINARY ACTION TAKEN BY ANY OTION MONWEALTH OF KENTUCKY? YES or NO TUMSTANCES: CIPLINARY ACTION TAKEN BY REGULATOR

18.	HAS THE APPLICANT EVER BEEN DENIED A LICENSE OR PERMIT TO OPERATE A CHARITABLE GAMING FACILITY?
	☐ YES or ☐ NO
	IF "YES", STATE WHEN AND BY WHAT REGULATORY AUTHORITY AND ON WHAT GROUND(S):
19a.	HAS APPLICANT OR ANY INDIVIDUAL NAMED IN QUESTIONS #8a, #8b, OR #9 ABOVE BEEN CONVICTED OF A CRIME IN FEDERAL COURT OR THE COURTS OF ANY STATE, THE DISTRICT OF COLUMBIA, OR ANY TERRITORY OF THE UNITED STATES?
	☐ YES or ☐ NO
	\square Information has not changed from previously reported conviction(s).
	IF "YES", DESCRIBE IN DETAIL:
19b.	IS THE APPLICANT OR ANY INDIVIDUAL NAMED IN QUESTIONS 8A, 8B OR 9 ABOVE UNDER INDICTMENT IN FEDERAL COURT OR THE COURTS OF ANY STATE, THE DISTRICT OF COLUMBIA, OR ANY TERRITORY OF THE UNITED STATES?
	YES or NO
	IF "YES", DESCRIBE IN DETAIL:
20.	IS THE APPLICANT LICENSED AS A WHOLESALER OR DISTRIBUTOR OF ALCOHOLIC BEVERAGES?
	□ YES or □ NO
21.	IS THE APPLICANT LICENSED AS A CHARITABLE ORGANIZATION?
	□ YES or □ NO
22.	IS THE APPLICANT LICENSED AS A DISTRIBUTOR?
	☐ YES or ☐ NO
23.	IS THE APPLICANT LICENSED AS A MANUFACTURER?

П	YFS	or	П	NO
	11'47	()		1 3 4 7

24.	IS THIS FACILITY USED, LEASED, OR PROVIDED TO ANY ORGANIZATION FOR ANY
	USE OTHER THAN FOR THE CONDUCT OF CHARITABLE GAMING?
	YES or NO
	IF YES, PLEASE EXPLAIN IN DETAIL:
25.	DOES ANY ORGANIZATION HAVE AN OFFICE OR PLACE OF BUSINESS AT THE FACILITY?
	YES or NO
	IF YES, PLEASE EXPLAIN IN DETAIL:

26. DOES THIS FACILITY MEET ALL APPLICABLE FEDERAL, STATE AND LOCAL CODE REQUIREMENTS RELATING TO LIFE, SAFETY AND HEALTH?

YES or NO

THE APPLICANT SHALL NOTIFY THE DEPARTMENT OF CHARITABLE GAMING IN WRITING OF <u>ANY</u> CHANGES IN RESPONSES TO QUESTIONS 1-26 ABOVE. THIS INCLUDES THE LEASES OF ADDITIONAL CHARITABLE ORGANIZATIONS AND NOTIFICATION TO THE DEPARTMENT WHEN CHARITABLE ORGANIZATIONS CEASE GAMING AT YOUR FACILITY.

THE FOLLOWING IS TO BE COMPLETED BY AN OFFICER LISTED ON QUESTIONS #8a OR #8b:

CERTIFICATION

I CERTIFY UNDER PENALTY OF PERJURY THAT I AM AN OFFICER AUTHORIZED BY THE APPLICANT TO MAKE APPLICATION FOR LICENSURE AND THAT I HAVE EXAMINED THIS APPLICATION FOR LICENSURE, INCLUDING ACCOMPANYING MATERIALS, AND ALL INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT. I FURTHER CERTIFY THAT THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS AND ADMINISTRATIVE REGULATIONS REGARDING CHARITABLE GAMING IN THE COMMONWEALTH OF KENTUCKY.

SIGNATURE: _	
PRINT NAME: _	
TITLE:	

MAIL COMPLETED APPLICATION (INCLUDING ALL REQUIRED ATTACHMENTS), TOGETHER WITH THE \$25.00 PROCESSING FEE MADE PAYABLE TO "KENTUCKY STATE TREASURER", TO:

PUBLIC PROTECTION AND REGULATION CABINET DEPARTMENT OF CHARITABLE GAMING DIVISION OF LICENSING & COMPLIANCE 132 BRIGHTON PARK BOULEVARD FRANKFORT, KY 40601-3714

IF YOU NEED ANY HELP COMPLETING THIS APPLICATION, PLEASE CALL (502) 573-5528 OR TOLL-FREE IN KENTUCKY, (800) 729-5672.

VISIT OUR WEBSITE AT: http://dcg.state.ky.us